IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



03/01/19

Date

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM GB				
Gift or Bequest info by a department or Governor on behalf For office	ept of he	et by the		
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Clarinda Correctional Facility		
Name of Department or Office	Clarinda, IA 51632	
	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:	
Meredith Baker		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
meredith.baker@iowa.gov Email Address	712-542-6107 Area Code & Telephone Number (if different from above)	
Corydon Sanetuary Church Name 1515 150th Street Corydon, IA 50060 Mailing Address City, State, Zip Code	03/01/19 \$50.00	
the contract of the contract o	03/01/19 \$50.00 Date of Gift or Bequest Amount/Value*	
Email Address (optional)	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Provide a description of the gift or bequest and purpose thereof:		
\$50 cash donation for the CCF Chapel Fund.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	e state or received by the Governor on behalf of the state.	
tatement of Affirmation:		
Randy Gibbsaffirm that the gift or bequest reported aboresessment of the fair market value (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor and	